

H I N T S

ON THE

M E D I C A L E X A M I N A T I O N

OF

RECRUITS FOR THE ARMY;

AND ON THE

DISCHARGE OF SOLDIERS FROM THE SERVICE ON SURGEON'S CERTIFICATE.

Adapted to the Service of the United States.

BY

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TO
DOCTOR THOMAS LAWSON,
SURGEON GENERAL U. S. ARMY.

SIR,

There is obvious propriety in dedicating to you this effort to be useful to the Medical Department of the Army.

No exertion has been spared to render this condensed view of two important duties of the army surgeon perspicuous and practical, and to adapt it to the service of the United States. I have made the most of my opportunities for observation, and have drawn abundantly on the most approved authorities.

I have every reason to believe that you will not only duly estimate what may be the merit of the book, but that you will likewise kindly regard my motives in publishing it. If it should facilitate the course of duty, by enlightening the judgment of our medical officers, for whose use alone it is prepared, my object is attained, and my wishes gratified.

I have the most unaffected respect for the energy, the intelligence, and the zeal with which you direct the Department over which you preside ; and with the sincerest desire that your exertions may be crowned with success, and that you may enjoy long-continued health and happiness,

I am, sir,

Very respectfully,

Your obedient servant,

THOMAS HENDERSON,
Assistant Surgeon U. S. Army.

July, 1840.

TO
BRIGADIER GENERAL R. JONES,
ADJUTANT GENERAL U. S. ARMY.

SIR,

Connected as you are with the service to which this work relates, it is thrown upon your consideration in the hope that it may be subservient to the purposes, as I have endeavoured to adapt it to the peculiar features, of our military institutions.

Having this occasion, I embrace it with readiness to acknowledge the high sense I entertain, in common with all who know you, of the distinguished services you have rendered your country in the field, as well as in the honourable, arduous, and responsible station which you have so ably filled for so long a series of years.

I have the honour to be, sir,

Your obedient servant,

THOMAS HENDERSON,

Assistant Surgeon U. S. Army.

July, 1840.

PREFATORY OBSERVATIONS.

THE writer was once required by the proper authorities to pay to the auditor what may be termed "smart money." It is still a matter of opinion whether he was right or wrong in passing the recruit, whose expenses he had to pay.

Be that as it may, pride of character was so much excited as to make the inspection of recruits a subject of much reflection; and to lead the writer to read, and to draw from experience, everything that could throw *practical* light on the subject.

And lest some brother officer should, in the outset or course of his official career, be subject to like mortification and inconvenience, and to facilitate the acquirement of precision and promptitude in inspection, with becoming deference, the following work is submitted.

The theory and practice of inspecting recruits, like most of our military principles, are materially founded in the experience and usages of the nations of Europe, whose immense armies are, in their organic economy, at once their security and pride. In the composition of this book reference has been abundantly made to the works of European writers, English and continental, as far as they were accessible, and especially to the most valuable volume of Deputy Inspector General Marshall.

Mr. Marshall's work is to great extent occupied with statistical tables, the amount of which can be summed up in comparatively few words; with forms of British regulations entirely unnecessary and even uninteresting to us just now; and with exposition of details as peculiar to the English service as foreign to ours. What therefore was necessary to the writer's purpose has been readily condensed, and, thus unencumbered, is distinctly available to the purposes of the United States' service.

If it should appear that the writer has ventured to dissent from foreign authors on some points, it is sufficient to refer to the inherent difference in the military law of, say England and America, as to service, and especially as to duration of service. Marshall, for instance, may well consider causes objectionable where the recruit has to spend his life in service, which our surgeons might not esteem incompatible with a five years' enlistment; and the requirements of their colonial service, fatal as that is to the firmest constitutions, are vastly higher than need be demanded by any change of climate incident to our service. Hence, the writer has questioned the applicability to the United States' service of some of Mr. Marshall's objections to enlistment, though with an exalted opinion of the wisdom and experience of that distinguished surgeon, and with corresponding distrust of his own judgment, based as it is on comparatively limited observation. Nor is this difference remarkable,

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when the same author complains of the very discordant results of inspection by the army surgeons in the English recruiting districts—one-third more being rejected by some than by other medical officers.

This work is strictly confined, and this is its peculiarity, to the duty of the medical officer. He cannot too rigidly adhere to his precise sphere of action. That sphere is rarely invaded by the uncourteous interference of the military officer. This, however, may be the case, as it has occurred. The effectual corrective is the enlightened judgment with which the surgeon approaches his duty. It is to aid the inexperienced, and to renew the impressions of those longer in service, that this work has been prepared.

Recent army regulation has decided that experienced officers of the line are competent judges of the efficiency of recruits; and, therefore, in certain circumstances, the services of a medical examiner are dispensed with. It is hoped that these pages may be useful to line officers thus left to double responsibility; and it is confidently expected that they will be profitable and acceptable to citizens employed as acting assistant surgeons in inspecting recruits.

The ranks of the army are filled by voluntary enlistment. In its illimitable resources, this country insures to every variety of talent and to every effort of industry, an ample return. Where, then, a man is reduced to the necessity of enlistment to secure subsistence, there may be reason to believe that his habits are not good, or that some physical infirmity prevents his earning an adequate support; or he is urged to find in the service what an imbecile mind could not elsewhere procure. If these sentiments are repeated in the following pages, it is to guard the inexperienced surgeon, and for this purpose alone. It does not imply that many do not enter the service from choice, or that others are not influenced by impulses worthy of spirited and honest minds. On the contrary, whatever there may be forbidding, in the aspect of military service, to the citizen, it cannot be denied that, in the provision made by the government for the support and comfort of the soldier while in service, in the comparatively light service he has to endure, and in the kind and paternal usages of the officers to the men, (worthy of all praise as far as the writer has observed,) there are inducements to enlist in the army of the United States, that are altogether unknown in the military establishments of Europe.

One thing only remains to be accomplished, the institution of the "Soldiers' Asylum," which has been introduced to the consideration of congress by some of our officers, to whom all praise is due for their humane and wise suggestions. The plan derives the utmost force from the consideration, that to legalize a *minute* deduction from the pay proper of officers and men will afford a sum amply adequate to the present wants of the service, so far as an asylum is needed. This noble object being accomplished, provision for the disabled soldier or veteran is made, and offers additional inducements to enlist.

ON THE EXAMINATION OF RECRUITS.

PART I.

GENERAL CONSIDERATIONS.

I.

THE subject cannot be more appropriately introduced than by the following extracts from foreign authorities.

“In a financial, a political, and perhaps, I may add, in a medical point of view, I am not aware of any part of the duty of a medical officer which is of more importance than the inspection of recruits on a large scale, and the examination of inefficient soldiers; and consequently these duties deserve a very careful consideration.”—*Marshall on Soldiers*.

“The duty of inspecting recruits and conscripts requires the utmost impartiality, skill, and circumspection on the part of the medical officer.”—*Austrian Regulations*.

“The duty of inspecting recruits, and of determining whether they are fit or unfit for the military service of the country, is one of the most difficult and responsible an army surgeon has to perform.”—*Prussian Regulations*.

II.

If the above remarks be just, and who can question it, military surgeons should be well informed on the subject of recruiting men for service. The constitution of the army, the reputation of the Medical Department, and pecuniary responsibility, are involved in the duty of inspection.

As subjects for enlistment are, particularly in time of peace, very often drawn from an inferior class of men, too frequently the intemperate, indolent, if not the vicious; as the proportion of foreigners in our ranks is very great; as every variety of *physique* and *morale* is presented for examination; as the medical officer is liable immediately on entering the service to be placed on the duty of inspection, without the lights of experience, under all these circumstances a guide may be useful.

III.

The following paragraphs from the “Medical Regulations of the Army” are with propriety introduced thus early into this work.

Par. 64. "They (Surgeons and Assistant Surgeons) will be particularly attentive in the examination of recruits, and will cause each recruit to be stripped of all his clothes, and to move about and exercise his limbs in their presence, in order to ascertain whether he has the free use of them; that his chest is ample; that his hearing, vision and speech are perfect; that he has no tumours, ulcerated or extensively cicatrized legs; rupture, chronic cutaneous affection, or other disorder or infirmity, mental or physical, which may render him unfit for the active duties of a soldier, or be the means of introducing disease into the army; and they will ascertain, as far as practicable, whether the recruit is an habitual drunkard, or subject to convulsions of any kind, or has received any contusions or wounds of the head, which may produce occasional insanity. With any of these defects the man will be rejected as unfit for service."

Par. 65. "When a recruit joins a regiment, post, garrison, station, or depôt, the surgeon will forthwith ascertain whether he has had the variolous or vaccine infection, and if he has not, will see that he be vaccinated as soon as possible; and for this purpose he will constantly keep good matter on hand; making application to the Surgeon General for a fresh supply, as often as may be necessary."

IV.

The regulations of the army require that men be examined by a medical officer, and have his certificate of sound mind and body before he can be sworn in. There are causes for rejection that can only be detected by a professional eye. The officer in command of the recruiting party ascertains the age, stature, &c., of the recruit, while the surgeon looks at the physical and mental qualifications of the man for the duties of the soldier.

V.

There is much force in the observation "that the complete development of the human body requires an exemption from great fatigue, abundance of healthy nourishment, undisturbed sleep, and tranquillity of mind." As the duties of the soldier are incompatible with these, it may be proper that the surgeon should freely confer with the commanding officer touching the enlistment of youths who do not display the fullest physical development—for that is not likely to improve, either in peace or in war, in the army. In time of war the memorable remonstrance of the Emperor Napoleon to the legislature of France, should never be forgotten. "Shame on you! I demand a levy of 300,000 men—but I must have grown men—*boys serve only to fill the hospitals, and encumber the road side.*"

VI.

Nor should the surgeon fail to remind the commanding officer how unfit for service youths are whose *stature* is materially dis-

proportioned to their years. It is height, gained at the expense of the thoracic expansion and proportion, that are so essential to enable the soldier to endure the fatigues and to carry the weight, of knapsack, &c., amounting to *fifty* pounds, if not more, in active service.

Apart from these suggestions, the surgeon has nothing to do with the age and stature of recruits.

VII.

As the commanding officer and the surgeon are by the regulations, separately or jointly responsible for the integrity of the recruit, it is proper and is required, that both be present at the inspection. The cause, if any exist, for rejection can then be pointed out to the satisfaction of both parties. In no case where there is the least doubt should the surgeon examine a recruit in the absence of the military officer. Much inconvenience at a recruiting rendezvous may be prevented by adherence to this wise regulation.

VIII.

The regulations require the attendance of the surgeon, whenever it is necessary, at the rendezvous—twice a day, at least. Conventional arrangements between the commanding officer and the surgeon are made in a liberal spirit, so that the interests of the service and the personal convenience of the officers are appropriately consulted.

IX.

If the party be attached to the "Recruiting Service," the medical supplies are procured from the recruiting service fund. The accounts are presented monthly, in duplicate, certified to by the surgeon, and are approved and paid by the officer commanding the party. The form for this account is seen in the Appendix, note A.

X.

The surgeon is required to make to the Surgeon General a monthly report of the recruits inspected by him. In this report are included the names of those rejected at inspection, and the causes of rejection are likewise stated. This last is due to the inspecting surgeon in case of difficulty, and to the records of the Surgeon General's office. The form of the report will be found in the Appendix, note B.

XI.

Let the surgeon reflect for a moment on what is required of a soldier. *Physical energy, sound mind, quick senses, and suitable stature*, are indispensable. From these elements, and from such

alone, discipline elicits or directs *moral courage*, that other requisite for the perfect soldier.

XII.

The external marks of physical efficiency are thus admirably epitomized in the "Instructions for examining recruits in the British service." "A tolerably just proportion between the trunk and different members of the body; a countenance expressive of health, with a lively eye; skin firm and elastic; lips red; teeth in good condition; voice strong; chest capacious and well formed; belly lank; limbs muscular; feet arched and of a moderate length; hands rather large than small."

XIII.

In what classes of men do these elements of a sound constitution abound?

Various classes of persons are inspected. Boys and men—men from the country and men from the cities—men who have been engaged in agricultural and other active rural occupations—and men who have been raised in sedentary habits and pursuits. In looking at all these classes it must, in justice to the surgeon, be borne in mind, that, in this country and in the British service, the fact of voluntary enlistment is a warning to the surgeon that, morally or physically, something *may* be wrong about the recruit. Too many offer for service who are fit for nothing else; this unfitness is engendered by vices, and especially by intemperance, that impair the *physique* and *morale* of men. The Duke of Wellington has said of recruits, "that it cannot be denied that in ninety-nine instances out of a hundred, some idle, or irregular, or even vicious habit, is the cause of the enlistment of the volunteer."

In our own country, while the principle holds good to a considerable extent that vice makes volunteers, the moral character of recruits is not so bad as in the British army. Let the surgeon, however, be on his guard.

XIV.

Boys are enlisted for musicians. As deception is not common with them, the severe scrutiny that men require is not necessary in their examination.

XV.

Men are enlisted as musicians; and as such may be passed who would otherwise be rejected. The duties of the musician are lighter, and do not require the perfect *physique* necessary for those who do duty in the ranks.

XVI.

Men are enlisted as *hospital stewards*. They are usually sent from New York to posts and regiments. After due physical qualities, the primary consideration is moral character; next the requisite education, and then medical qualifications, as pharmacy. These last are not essential, however desirable; for it is presumed that the surgeon will train the enlisted man to his special duties.

The regulation on enlisting hospital stewards reads thus, "When a suitable hospital steward cannot be obtained from the command, the surgeon or assistant surgeon is authorized to enlist a man for the purpose." Still it is proper, except in cases of emergency, and these are rare, to apprise the Surgeon General of the necessity for a hospital steward, and to await his sanction to the enlistment.

XVII.

As a class of men, those who have lived in the country are, for the service, in all respects to be preferred to men who live in cities. The same amount of bad habits will be less pernicious to the man who breathes the pure air of the country, or who follows the invigorating pursuits of the farm, or of the chase, than to one who lives in the malaria of unventilated city cellars, and hovels, or who is at work in crowded or confined shops. Certain pursuits in the country are particularly favourable to physical and moral developments so requisite for the soldier. Some one has said, "that agricultural labourers are even more trustworthy" than the town recruit. The hunter and tender of flocks, as observed by Dr. Robert Jackson, have the spring of muscle, flexible joint, the certainty of step, the strength and keenness of sight and of hearing, that make the perfect soldier.

XVIII.

The capacity of the two classes of men now under consideration to endure toil and the hardship of military service, may be inferred from the fact that, in the peninsular war, "*four* out of ten recruits from the agricultural population died in a few months, while *six* out of ten recruits from the manufacturing districts died in the same period of service. Much more than half of the recruits in the British service are from the agricultural class.

XVIII.

Men from mountain regions are firm, compact, hardy, have activity and enterprize, with the boldness of mind and valour, that constitute them natural soldiers. This is finely illustrated in the deeds done in the mountains of Vermont by the militia under Starke; and in Virginia by the gallant exploits of the soldiers under Shelby, Campbell, and others at King's mountain.

On these subjects the valuable and elegant work of Dr. Robert Jackson, on the Constitution of Armies, may be most profitably read

by the Surgeon; while the tables of Deputy Inspector General Marshall will show the great difference in the number of town and country recruits rejected from the British service.

XIX.

The principal causes of rejection in all services are:

1. Unsound Health.
2. Scrofula and its marks.
3. Muscular Tenuity.
4. Diseases of the Eye.
5. Loss of Teeth.
6. Deformed Spine.
7. Narrow Chest.
8. Defective condition of the Extremities.
9. Hernia, and Relaxed Abdominal Rings.
10. Varicose Veins of the Chord and Legs.
11. Ulcers, and Cicatrices of Ulcers.
12. Flat Feet.
13. Marks of Corporal Punishment.

ROUTINE OF INSPECTION.

I.

INSPECTION of recruits can only take place in the day-time; the reasons for this are so obvious as not to require detail here.

II.

The surgeon should positively ascertain that, at the time of inspection, the man is sober; the army regulations imperatively require that the recruits be sober at the time of enlistment.

III.

The man should be naked when inspected. Men, and particularly youths, object sometimes to this requisition of nudity; and if the surgeon be haughty or abrupt in requiring it, a good recruit may be lost, as his objections spring from decency. If the man is kindly informed that the regulations are imperative on that point, that all have submitted to it, that the inspection will be quietly done, there will be no difficulty. The inspection should be as privately made as possible; for no one need be present but the commanding officer and the surgeon.

The feet of the recruit should be washed before he is brought in for examination. The necessity, propriety, and even decency of this, are too obvious.

IV.

Institute cautious inquiries as to his previous health.

Has the man been subject to convulsions, or, as he understands it, fits? Should suspicion arise from appearance of excessive drinking, that he has laboured under convulsions, ask when he had the last attack. In this way the writer has detected epilepsy in the recruit. The only evidence in these cases is the declaration of the man, for it is settled by the best authority that there are no signs by which the existence of epileptic affections can be ascertained. They are therefore occult, as far as responsibility of the surgeon goes.

Inquire as to fractured or otherwise injured limbs or joints, and put the general question distinctly, Have you suffered from, or do you now suffer with, any ailment whatever? In cases of men discharged soon after enlistment, on account of disease existing previous thereto, on inquiring why his case was not made known to the inspecting surgeon, the reply invariably has been, the "surgeon did not ask me the question."

V.

Previous to having the recruit stript, look at his tongue if there be on it that coat that indicates hepatic derangement; then examine the breath, if it be that of the habitual drunkard. Next attend to the state of the mouth and teeth. Have in view the indications of intemperance, the principal of which are the *acne rosacea* (grog blossoms); tremor of the limbs; bloated face; the conjunctiva suffused with chronic inflammation or congestive turgescence; the lower extremities either extenuated or tumid. These signs evidence organic visceral disease, with shattered nervous system, proceeding in most cases from intemperate habits; and the man should be rejected on them.

VI.

Some recruits are so offensive in their breath and cutaneous excretions as to be intolerable to their messmates; and from these causes are discharged from the French service, and ought to be ejected from every other service.

VII.

Before the recruit is stript examine accurately the eye, and vision. The perfect function of this organ is of primary importance. If he have *myopia* or *nyctalopia*, (near-sighted, or night blind,) he should be rejected. Hold a watch and make him look at a suitable distance, first closing one eye and then the other, and tell where the hands point; and desire him to say what certain minute objects, as nails, &c., seen across the room, are. Seven per cent. are rejected in France on account of short-sightedness.

The function of both eyes should be perfect. Look well at the eyelids if the tarsi are free from chronic disease; next at the conjunctiva for the same purpose.

See that the iris has due mobility; that the pupil be properly formed—that its dilatation do not indicate want of sensibility in the optic nerve, as in amaurosis—and lastly, that the cornea is free from nebulæ, or other causes of obscurity. Strabismus, if in great degree, is just cause for rejection.

VIII.

By speaking in low tones of voice at different distances the quickness of the sense of hearing is readily tested. Perfect hearing is essential to the soldier. The closure of the Eustachian tube induces deafness and affects the voice.

IX.

And before the recruit is naked be satisfied that, mentally, he is fit for the service. Much difficulty occurs here, for many recruits answer questions readily, nay, smartly, at inspection, who in detail of service are little better than idiots to all military intents and purposes.

Observe, then, the formation of the head, if preternaturally large. Again, if the skull have been fractured and depressed, or if the facial angle be deficient, the surgeon will be led to ascertain the vivacity or stupidity of the man in various ways. A flabby, leucophlegmatic habit, and a dull, stupid mind, are often together. The judgment and tact of the surgeon are taxed to decide on the man, who, intellectually, never will make a soldier. Want of mind is often the cause of rejection, or, if overlooked in the recruit, of discharge.

X.

Should there be, to the eye of the surgeon, the medical physiognomy, the aspect that indicates habitual ill health, exhibited by signs above numerated in par. V, or by enlarged abdomen, pale, sallow complexion, extensive marks of blisters and cupping-glasses, or of setons, reject the man.

XI.

If the man be marked with the letter D, which is usually found on the hip or under the arm, he is a deserter and is to be rejected.

XII.

Then look at the whole physical man—at his form—at the symmetry of limb as to size and length—make him face about and

stand for a profile view of his figure. Let him walk and run about the room to observe if he limps, if his joints are flexible; and have him stand first on one foot, then on the other. The arms should be thrown in all directions of motion, as flexion of all the joints from the shoulder to the finger—extension—circumduction—and raised over the head, where the backs of the hands should be made to touch, and while the man is thus moving about be satisfied that there are no conspicuous hemorrhoids, or fistulous orifices.

XIII.

The joints should be large or fully developed to insure endurance of toil in marching. Large joints, prominent bony processes, swelling muscles, rough and elastic integuments, are marks of the fine recruit.

Then see that the man stands well on his haunches; that the spine, without curvature or any distortion, has abundant mobility; that the man is not round shouldered to any great degree; that there are no sprains, nor effects of sprains; that in all positions the chest be capable of free expansion, and that under all these various movements, exertions and postures, there is neither cough, dyspnœa, short or hurried respiration, nor undue irritability or frequency of the pulse.

XIV.

These observations on the general health, on mental integrity, on the bony frame work, and on the muscular development, being satisfactory, the surgeon in regular succession takes a view of the parts and organs of the body. This view in regular succession should be so habitually practised as almost to reduce it to mechanical routine—nothing will then be overlooked—and this is especially necessary when a number of recruits are daily inspected.

XV.

If there be chronic eruption or contagious disease, such as *tinea capitis*, the man should be rejected. Discharges of soldiers for this disgusting, inveterate, and contagious cause, are not uncommon. It is often connected with strumous habit.

Itch and gonorrhœa are so readily cured, that, on their account, the writer would not refuse a man otherwise desirable for the service; although there is the highest authority, in Mr. Marshall's opinion, for rejecting men on account of gonorrhœa. Unless gonorrhœa had some unpleasant concomitant, or unless the troops were in the field, it would be no objection.

XVI.

It would depend on similar circumstances whether chancre is a valid objection to enlistment. If the man enlist at a military post,

and the chancre or other primary sore be clean, free from all disposition to phagedæna, there is no sound objection to taking the man and putting him in the hospital for treatment. This opinion as to chancre is based upon the writer's general view of the treatment in such cases. If these primary sores required mercurial courses, he would object on that score—but practice in civil life, and much experience in the army, have satisfied him that the non-mercurial treatment is sufficient for the case. The writer on his professional responsibility declares, that while for the first ten years he, in his practice, used mercurial treatment, and had some cause to regret the deleterious influence of mercury, he has for more than twenty years disused that course, and has had no reason to reproach himself, from result of experience, for the radical change of opinion and practice. If a man apply for re-enlistment who has chancre, he ought not for that to be rejected.

When the recruit has secondary symptoms of venereal disease he should be rejected. Mr. Marshall advises the rejection of recruits on account of gonorrhœa, chancre, and secondary symptoms. The writer has given the circumstances that would induce him to qualify his acceptance of certain cases with those affections.

XVII.

The sound condition of the bones of the cranium, and that of the hairy scalp should be well ascertained by accurate examination. Depression of the cranial bones and exfoliation are causes to which artful men subsequently ascribe weakness of mind and seek discharge.

XVIII.

The writer has not seen disease of the mouth that justified rejection. *Hare-lip* is a deformity, and is good ground for rejection. In a case otherwise unobjectionable, would it not be proper to take the man, and by the simple and certain operation remove the disease and deformity? No case should be admitted where, from clefts in the palate, the speech is affected.

Extensive loss of the teeth, particularly the incisors, as they are necessary to mastication, enunciation, and, the incisors especially, to tear cartridges, is a cause for rejection. In France the loss of the cutting teeth is valid objection; and, in his Asiatic provinces, the efforts of the present military leader of Egypt have been exerted, to prevent his subjects knocking out their front teeth, which disables them from preparing the cartridge for quick firing.

XIX.

Disease, or loss of the bones of the nose, is a disqualification, and deformity.

Polypus of the nose which is detected by the voice—by making the man press upon one nostril and blow through the other, and by the watery discharge from the nose, is valid objection.

If the man have the deformity from *wry neck* he is to be rejected.

XX.

Scrofulous cicatrices are, under some circumstances, but not always, objections.

If the cicatrices are anti-pubertal, or if they have been a long time healed, if they create no deformity, and if the general health be well established, they are not insuperable objections. Such cicatrices prove that the scrofula has long since spent its force on the external glandular system, thus preserving visceral integrity. Judgment, and not prejudice, should bear on these cases, and the opinion here expressed is the result of long and extensive observation. Anything like feeble health, or recent ulceration and cicatrices, present a case totally different. The writer has acted on these grounds in passing recruits without cause to regret it.

XXI.

In the thorax all departures from due capacity should be closely regarded; particularly the hollow chest, and the narrow clavicular space, the chicken breast. The antero-posterior diameter from the lower part of the sternum should never be less than six inches, and if short of seven the aspect of the general health must be critically examined. The chest should measure round from thirty to thirty-one inches. Take carefully the lateral as well as the front and back view, and when you have the least doubt look for signs of pulmonary irritation and cough.

XXII.

When there is the least doubt as to the predisposition to pulmonary disease, endeavour to ascertain if the recruit have hereditary or family taint from scrofula in any form. The indications of tuberculous disposition, are those of struma generally. These are narrow chest; long neck; thin skin of a yellowish-white hue, and blue veins seen through this cutaneous tenuity; conjunctiva of a dead pearly-white: hurried respiration on exertion; pulse easily accelerated; slight dry cough; voice frequently thick, or hoarse; enlarged glands about the neck; muscular fulness diminished. If to these signs there be added those from auscultation and percussion, the recruit with pulmonary tendency ought never to escape the notice of the surgeon.

Nor should the surgeon lose sight of those alterations of form in the thorax induced by effused fluid, or by contraction from adhesion of pleura, or from some lateral curvature of the spine. Let all these have their positive and relative, but not undue, importance.

XXIII.

Marks of punishment, indicative as they are of moral character, should be pointed out to the commanding officer for his decision.

The surgeon should be governed in his opinion by the ulcerations from flogging having left such cicatrices as to prevent the knapsack being carried.

Marshall says these marks are unqualified causes of rejection. The import of the letter D has already been given.

XXIV.

In the abdomen the principal cautions relate to hernia.

Hernia are set down in our medical regulations as cause for rejection. So says Sir George Ballingall. Mr. Marshall, whose experience has been most extensive and whose authority is very high, qualifies the sweeping objection. He says that *umbilical* and *ventral* hernia are "commonly of little importance, and rarely incapacitate a man for military duty." This remark of course applies to small herniæ; and indeed his opinion should be guardedly acted on by our young medical officers; especially where the recruit is to be re-inspected, and until some conventional understanding of the case is formed in the service.

XXV.

Inguinal hernia is an utter objection. In examining the ring make the man raise his hands so as to touch over his head, let him cough repeatedly, and in that state look well to the external abdominal ring. Attend to the track of the inguinal canal, that there be no hernia in its course. Recollect the cases that may be mistaken for hernia.

XXVI.

Unusual projection of the abdomen, commonly termed pot-bellied, is a deformity and should be rejected. The writer has met with such a case.

In recruits a large abdomen indicates frequently visceral disease. In the liver this is evidenced by local as well as constitutional signs. The first ascertain tumour or soreness of the liver on pressure. The general signs of hepatic disease, and these exist in recruits from intemperate habits, are a putty-like or yellow skin, a conjunctiva suffused with yellowish hue, a dirty-white fur on the tongue, and often tumid ankles and feet from serous effusion.

The following case shows that the liver may be apparently but not really enlarged and diseased, and may make the surgeon attentive to all the circumstances in such instances. M. P. had been under treatment for diseased and enlarged liver. This treatment injured the general health, but had not the slightest effect on the liver. The writer, on repeated examination, gave the opinion that the liver was much lower in position than usual; the edge turned towards and nearly rested on the spine of the right ilium; the feeling of the viscus was that of a natural liver, the edge sharp,

smooth, and of normal size and free from pain, tumour, or irregularity, but greatly out of position. The person was advised to discontinue medicine, so far as action on the liver was concerned, as biliary secretion was nearly natural—and five years afterwards the patient was greatly improved in health, while the liver remained in *statu quo*.

XXVII.

Attend carefully to the state of the testicles, and of the spermatic chord.

In the language of a distinguished army-surgeon, the rule laid down is—"that any remarkable enlargement or induration of the testicle is cause of rejection," or other obvious disease thereof, might be added.

Hydrocele, if unconnected with disease of the testicle, if the effusion in the tunica vaginalis be slight, and not on the increase, is not an objection, especially where the general health is good; and so as to hydrocele of the chord, if small, and not inconvenient, it is not an objection—but in both these cases a sound and cautious judgment must be exercised.

Cirsocele, which almost invariably occurs on the left side, is often met with, and if small and unconnected with varicose diathesis, the recruit may be passed. Marshall says after examining thirty thousand recruits, he never saw varicose chord on the right side; and makes the very important remark, that "*he never had occasion to admit a patient into hospital on account of cirsocele.*" The writer never had an application at sick call on account of this affection.

XXVIII.

Superior Extremities.

Attend to the tests in Paragraph XII., and especially that there is the freest flexion and extension of the elbow joint. The necessity for rigid examination of the joints, and of the long bones for fracture, is well exemplified in the two following cases.

A man was enlisted at a rendezvous. Three or four days thereafter the writer was ordered to inspect recruits at that rendezvous. He was struck with the appearance of a soldier's arm with his roundabout on, and on examination found the recruit unable to extend the forearm more than one-half in consequence of injury done by fracture to the elbow joint.

The following remarkable case is given by Marshall. "The late Dr. Brown, staff-surgeon, examined a recruit who performed, satisfactorily, all the evolutions to which recruits are subjected, although he had a *disunited fracture* of the radius and ulna of the right arm."

XXIX.

Loss of the thumb or of the fore-finger of either hand should reject the man. Marshall observes, that the loss of any finger of

either hand should justify rejection. Of this the writer doubts, for a sentinel on post slipped down and shot off the middle finger of the right hand. It was said he mutilated himself to get a discharge. On the healing of the wound the man was not sensible of the loss of his finger, as far as military duty is concerned, nor had the hand lost any of its cunning. The loss of a left hand finger would be a fair objection, especially injury to the index finger.

XXX.

Attend to contractions of the fingers, particularly of the ring and little finger. The writer has seen this where the use of the hand was materially injured. If the contraction be slight the recruit may be received; for if it increases in service, the simple and certain operation recommended and practised by Dupuytren will remove it.

XXXI.

Inferior Extremities.

Here is met with, 1st, difference in length of the limbs; 2d, difference in size of the members.

1. If the man limps he is to be rejected; but if on measurement there be not more than half an inch difference, it need not be regarded. 2. The difference in size is generally in favour of the right extremity, but natural difference is not worthy of notice. Examine the causes of increased or diminished size, one of which is withered muscles, and give it due weight. Feel the shaft of the femur for callus, or other signs of previous fracture, which, however, is not, *per se*, a ground to refuse the recruit.

XXXII.

Ulcers, if small and recent, and if the general health be good, may be passed over. In estimating the ulcer look at the general health.

Cicatrices, if the result of previous extensive ulceration, if they be red or livid, and have destroyed the dermoid tissue, and adhesion has taken place to the bone, the man should be rejected. On the contrary, if, with apparent good health, the integuments play loosely over the periosteum, the recruit may be received.

XXXIII.

The number, size, constitutional relations of *nodes*, and their disposition to take on incited action, will enable the surgeon to judge of their importance. Exertion often makes them painful, and changes of weather still more so; and if the "secret of war lies in the power of marching," the legs should be unquestionably sound. Nodes are sometimes perfectly inirritable, and thus are unobjectionable in the recruit.

XXXIV.

The surgeon should be well satisfied that the joints are all free and flexible, that the lumbar, nay, all vertebræ, have their normal motions,—that the hip-joint is free from disorder—that the knee has its great powers of flexion and extension—that the ankle and the toes concur to give the foot its wonted and essential freedom of motion.

XXXV.

The loss of the *great toe* is a palpable objection. And attend to the number, size, and site of *corns*; and especially to the *bunyon*, with the nature and effects of which the surgeon is presumed to be well acquainted. The due examination of the foot, is often prevented by the dirty condition of the recruit. The sergeant should be required to have the feet well washed before inspection. Supernumerary toes are incompatible with the “secret of war,” that is, the free use of the foot in marching.

XXXVI.

Varicose veins of the inferior extremities, when connected with *cirsocle* and the varicose diathesis, should cause rejection.

The writer requests attention to the fact, as stated by Marshall, that when this “affection has extended so far as to destroy the functions of the venous valves and threatens ulceration,” no doubt should be entertained. Varicose veins are less frequent and less objectionable in men of short than of tall stature. Moderately enlarged veins do not justify rejection.

XXXVII.

In foreign services distinction is drawn, in deciding on fitness of recruits between the different arms of the service, as to what may be peculiarly required for the ordnance, infantry and artillery; and what may, to some extent, be dispensed with for the cavalry. Cicatrices of ulcers on the legs, loss of the great toe, moderately deformed feet, flatness of the sole of the foot, do not disqualify for cavalry, as for foot service; nor are they so particular in requiring fully expanded chests for dragoons.

XXXVIII.

An important subject is the form of the foot, especially the flat-foot.

In this state of the foot the bones of the leg are in a natural relation to those of the foot, the inner ankle is very prominent and lower than usual, there is a hollow below the outer ankle, the dorsum or back of the foot is not well arched; the foot is broader at the ankle than near the toes, the inner side of the foot which

ought to be concave, is flat or convex ; when the flat-foot is on the ground the sole projects so that the finger cannot be introduced below it. Flat-footed men walk with their knees bent, they rest on the inner side of the sole, and the usual degree of motion in the ankle is impeded.

The following fine extract from Marshall on Soldiers, will be read with interest :

“ Men who have the soles of the feet not merely flat, but in some degree convex, are ineligible as recruits ; they are unable to walk steadily, or to undergo the fatigue of long marches with equal ease as men with well-formed feet. Great care should, however, be taken not to confound broad, but sufficiently well arched feet, with the deformity in question—a mistake which, I believe, frequently occurs. The arch of the foot is admirably adapted for saving the body from shocks by the elasticity of the supports, and for grasping the inequalities of the ground in standing or walking. The heels and the balls of the toes are the two great extremities of the elastic arch upon which the leg rests. In the action of walking the heel is raised, and the body supported by the muscles of the calf of the leg ; the foot bends in some degree, and the weight of the body rests for some time on the toes. At each step the ankle and knee joints are greatly flexed, by which means the limb is made shorter or longer, as may be required, in different stages of the step, and thus the body is carried forward nearly perpendicularly. But when the sole of the foot is convex, the functions of the inferior extremities are greatly impaired, the weight of the body rests on the centre of the sole, nearly in a line with the leg, and hence a misshapen foot of this kind is, in some degree, as inapt for graceful or easy motion as a wooden leg. Owing to there being no arch, there is very little elasticity of the foot, and the motion of the ankle and knee joints is greatly diminished. In the action of walking, the leg in motion is but little flexed, consequently the body describes, at each step, a portion of a circle, of which the middle of the sole of the foot is the centre. On this account the body is constantly rising and falling, and moving from side to side. The disabling effects of decidedly flat feet may be artificially displayed, by placing a body, such as tying a handkerchief under the arch of the foot, so as to make the sole flat, and attempting to walk. When the sole of the foot is convex, there is little or no motion of the ankle joint in walking, the muscles of the calf of the leg become nearly useless, the person is incapable of running, the toes are turned out, the side of the foot is thrust forward in progression instead of the toes, and walking is performed in a shackled, unsteady manner.”

XXXIX.

There are certain physical and mental disabilities, few in number, that, being unknown to the recruit himself, are so obscure as to escape the observation of the surgeon until some time, perhaps

months, after enlistment. For some of these neither of the parties should be held responsible, though the surgeon will be aware of the occurrence of such cases.

Of these the writer has seen incipient phthisis, subclavian aneurism, and several instances of imbecility of mind. Marshall adds lumbar abscess.

XL.

It is in recollecting these obscure cases, in bearing in mind the great importance of establishing well any appearance of unsound constitution, and in tracing this to local lesion, that one surgeon displays comprehension and tact more admirably than another. In other aspects than that of original obscurity the following case is impressive.

While the writer was on duty in the summer of 1837 at Fort Monroe, where a large force was concentrated to embark for Florida, an Irish recruit appeared frequently at sick call, complaining of rheumatic pain in his right shoulder and arm. Friction with liniments and relief from duty gave him ease. In April, 1838, at the close of the campaign under General Jesup, the writer, while sick at Fort Brooke, Florida, was requested by the late surgeon Clarke, to visit a man and give an opinion of a tumour. The soldier proved to be the rheumatic patient of the preceding summer at Fort Monroe. He had been with the army in the field, had suffered greatly with a tumour near the clavicle, and had been sent in to general hospital. It was an aneurism of the right subclavian artery, and had advanced to such extremity that nothing afforded hope, for the man was dying.

This was doubtless one of those instances originally obscure; but the great necessity for keen inspection is inculcated, as there is reason to believe the man had the aneurism when inspected.

Enough has been said on the subjects of the signs of incipient phthisis, and of the mode of detecting imbecility of mind.

XLI.

It might be supposed that this examination, being indispensable, would occupy much time. The young surgeon requires more deliberation than the practised eye of the experienced officer. He soon, however, becomes habituated to inspection; and at a glance the contour, symmetry, thoracic expansion, and whole figure are taken; while tact enables him to run over the succession of points, necessary to be noticed, in a few moments. After the general figure, the state of the senses requires most constant observation—the sight and hearing particularly.

XLII.

In enlisting men, if they come to the rendezvous from places whence contagion might be conveyed, suitable precautions are to be taken to prevent its spread.

It is especially proper, and is required, that vaccination be done, if the evidence of its previous use be not distinct.

XLIII.

From recruiting stations men are sent to dépôt or to regimental head quarters, where they are re-examined by a board of officers, one of whom is a surgeon, when their fitness for service, or their unfitness, is finally decided on. If rejected, the pecuniary responsibility falls, as the case may be, on the commanding officer or on the surgeon. They have each their appropriate sphere of this responsibility, and with proper circumspection they can always sustain it.

XLIV.

The following paragraphs from the general regulations of the army merit attention.

“Par. 47. Whenever a recruit is rejected the Board will report whether, in its opinion, the disability, or other cause of rejection, existed or originated before or after the date of his enlistment; and if the former, whether, with due care and proper examination, such disability might not, in its opinion, have been discovered by the recruiting officer and examining surgeon, at the time the recruit enlisted.”

“Par. 48. As the decision of Boards of Inspectors may often involve the recruiting officers in pecuniary liabilities, by being required to refund to the United States the amount of any loss occasioned by the discharge of a rejected recruit, the Board will, in all cases, make the proper discriminations, and always state whether the want of due examination of the recruit at the time of enlistment be attributable to the recruiting officer or examining surgeon, or to both; and as far as may be practicable to state the amount with which either ought, in its opinion, to be chargeable.”

“Par. 50. When a recruit is rejected and discharged in consequence of the non-observance of the recruiting regulations by the recruiting officer and examining surgeon, they shall be charged with the amount of the bounty and clothing, which the recruit so rejected may have received from the public, to be deducted out of the pay and emoluments of such officers.”

XLV.

Many recruits before they reach the dépôt, or regimental headquarters, repent of their enlistment, and endeavour at their final inspection to escape by feigning disability. Here the surgeon, in justice to the service, to the inspecting surgeon, and to the man himself, will be vigilant to detect imposture. As the same medical officer does not reinspect the man, remarkable differences of opinion are presented as to the validity of certain causes for rejection, or objections to enlistment.

ON THE DISCHARGE OF SOLDIERS,

AND ON THE

PENSION CERTIFICATE.

PART II.

PREFATORY REMARKS.

THE points involved in the discharge of soldiers on Surgeon's certificate are, confessedly, more embarrassing than any connected with their admission into service. Surgeons are more frequently duped by malingerers than deceived by recruits. *Quod non apparet non est* applies to both—though there are occult cases in each sphere of duty.

Diagnosis and *prognosis*, the skilful exercise of which constitutes the able practitioner, are deeply involved in the discharge of soldiers on Surgeon's certificate. To establish by accurate diagnosis the feigned, distinguishing it from the real disease; and when ascertained to pronounce, in the view of the service, and in justice to the soldier, by perspicacious prognosis, whether the case be or be not medicable, demand attributes of no ordinary power. The Surgeon cannot, therefore, too promptly or devotedly give his mind to the consideration of these subjects. Sydenham was wont to say that, once knowing the nature of the disease, (*diagnosis*), a remedy is always at hand; and Armstrong, that brilliant light so recently and prematurely extinct in England, says, he never knew a physician who made hasty *prognosis* rise to eminence in his profession.

And everything in the theory of the service is at variance with hasty diagnosis and prognosis in the case now before us. The writer will repeat in the sequel what advantages the Surgeon has for deliberate survey and consideration of the whole ground;—remark-

ing here that, in the hospital, where his will and judgment are wisely rendered paramount, he commands what means and time he thinks necessary. In the liberal countenance of all legitimate scientific effort to do the service, the soldier, and himself justice, the Surgeon has every encouragement; for there is all assurance that detailed statements of difficult and equivocal cases, with reasons for their results, would be highly acceptable at head-quarters; and, without descending to undue homage, which is utterly disavowed, it is true that the Medical Department may point to the Surgeon General as an inspiring example to its members of what will assuredly lead them to usefulness and fame in their sphere.

I.

SOLDIERS are discharged from the military service of the United States, on Surgeon's certificate, on account of physical and mental disability. They are discharged with or without pension.

II.

Discharges for disability, and, according to the degree of infirmity, for pension, are based on the certificate of the Surgeon.

"When a soldier is rendered unfit for service in consequence of wounds, disease, or infirmity, the Senior Surgeon of the hospital, regiment, or post, will furnish his captain with certificate of disability; and when he is disabled in consequence of wounds, or other injuries received, or disease contracted, while actually in the service of the United States, and in the line of his duty, he will also furnish duplicate certificates of pension. But no certificate of a discharge or for pension will be given except by officers of the Medical Department, who will be particularly careful in the examination of all cases, which have not been for some time under their own care, and ascertained to be incurable; and no certificate will be given to men recently enlisted, on account of alleged complaints or injuries, until they shall have been for a sufficient time under the immediate observation of the medical officer to enable him to detect any attempt at deception."

Medical Regulations, par. 74th.—The Surgeon will hence estimate his duty and responsibility.

III.

On the quarterly sick report the Surgeon is required to report to the office of the Surgeon General the names of men discharged during the quarter; as well as the diseases or other causes of disability for which the certificate was granted.

IV.

The following articles from the General Regulations for the Army relate to the discharge of soldiers.

ARTICLE XIII. *Certificate of Disability*.—1. Whenever a non-commissioned officer or soldier shall be incapable of performing his duties in consequence of wounds, disease, or infirmity, and recommended to be discharged, the Senior Surgeon of the hospital, regiment, or post, shall furnish his Captain with a *Certificate of Disability*, pursuant to Form 16 of the Medical Regulations, for his approval or remark; which certificate of disability, with the descriptive certificate properly filled up and signed by the Captain, will be forwarded by the commanding officer of the post, who will add such remarks as he may deem requisite, to the Adjutant General, for final decision at head-quarters." (Note C.)

ARTICLE XIV. *Pension Certificate*.—1. Whenever a non-commissioned officer or soldier shall be recommended to be discharged in consequence of wounds or other injuries received while actually in the service of the United States, and *in the line of his duty*, and which disabled him from obtaining his subsistence, his commanding officer shall certify the time, place, and manner of receiving such wound or disability, and the Senior Surgeon of the hospital, regiment, or post, upon obtaining sufficient evidence of the facts, shall furnish duplicate *Pension Certificates*, agreeably to form 17, Medical Regulations; which duplicate pension certificates, with the descriptive certificate annexed thereto, properly filled up and signed by the Captain, shall be transmitted by the commanding officer of the regiment or post, with such remarks as he may deem requisite, to the Adjutant General; one of which shall be retained for the files of his office, and the other sent to the pension office." (Note D.)

V.

In foreign services efforts to be discharged on simulated grounds are very common, because of the length of the term of enlistment, on account of the severity of discipline, as well as of the distant and dangerous colonial service, and, particularly in England, for the sake of pension.

In the United States, circumstances are more favourable to the contentment of the soldier, for brevity of term of service, mildness of discipline, security of life in healthy climates, and better pay than in European armies, render dissimulation comparatively rare. Indeed, so desirous are men to enlist, that the surgeon has to meet concealment of disqualifying disease in the recruit, nearly as often as simulation for discharge by the soldier.

VI.

It is too common to see discharges necessary on account of careless inspection of recruits. The writer has so frequently met with

this, that it became a conspicuous motive to induce him to prepare this work for publication.

VII.

To justify the Surgeon in giving a certificate of discharge, the utmost caution and discrimination should be exercised to decide on the main point, viz., *the actual existence of the disability*. Notwithstanding the opinion expressed in the last paragraph of III, malingerers, or those who feign disability to obtain discharge, are frequently met with. Were there no simulators the difficulty of the certificate would vanish, except where the soldier is honest yet deluded as to his sense of disability; and these cases are rare and readily disposed of.

VIII.

When the class of men that fill the ranks is considered,—their previous habits, and enlistment from impulse; their unsettled, roving turn, and the difficulties they continually heap on themselves by intemperance; their impatience of discipline, and the caprices they entertain, such as dislike of officers, &c., unjust as these caprices are; when these are all looked at it is not remarkable that malingerers, and all other efforts, should be so often made by the soldier to extricate himself from his obligations. The price of labour and opportunities for profitable employment in mechanical pursuits, operate strongly with foreigners to feign disability or to desert.

IX.

The disability being ascertained, the next question in the investigation is, *Is it sanable?*

There are causes, it is true, of injury from violence or of constitutional vice that can be readily settled. Generally time, patient scrutiny, and great firmness, are necessary to decide, whether the means within the Surgeon's reach will not restore the man to health and to the service. These means are most ample, and their adoption is specially enjoined in the regulations quoted in Paragraph II. It is in tracing disease in this deliberate way, and by treating it skillfully with the powerful remedies, now so various and energetic, that the Surgeon acquires the twofold advantages of experience from observation, and readiness to detect and thwart the simulator.

X.

Having ascertained that *the disability exists*, and that *it is not medicable*, the third consideration arises, *what is the extent of the disability?* On the decision here depends the provision for the soldier discharged with an incurable disease; for as the man is rendered unable to provide for his subsistence when discharged, so does the government contribute, in the form of *pension*, to his support.

XI.

The pension certificate granted by the Surgeon shows to the Adjutant General, and, through him to the pension office, four things ; viz. :

1. That the wound or other injury was received while actually in the service of the United States.
2. That it was received while in the line of his duty.
3. That the wound or other injury is incurable ;
4. And it lays down the extent of disability.

On these points, particularly the last three, turns the difference between certificate of disability and pension certificate.

XII.

The Surgeon should distinctly understand the import of the phrase "*in the line of his duty.*" The meaning is military duty—duty peculiar to the man as a soldier. For example, a soldier in action receives a disabling wound, and is pensioned ; while another soldier has permission to hunt, accidentally receives a wound similarly disabling, and is not pensioned but is discharged for disability ; because the wound was not the unavoidable result of military service. Again, a soldier on post is exposed to cold, his feet are frost-bitten, he is disabled and receives a *pension certificate*—for he was in the line of his duty : another soldier is out on leave and exposed to cold, is frost-bitten, disabled, and is discharged from service on *certificate of disability*, for he was not *in the line of his duty*.

XIII.

The degree of disability must be judiciously estimated—and this estimate is in most cases based on the condition of the functions of animal life, viz., the intellect, the senses, and the apparatus of locomotion.

Is the man totally blind ? Has he opacity of the corneæ ? Is vision so injured as to prevent his earning a subsistence ? It is a rule to reject a recruit if he has but one eye—but a soldier is not to be discharged for the loss of one eye.

Has deep deafness been caused by the injury, and is deafness a total or partial disability ?

Has he lost one or both superior extremities ; or if neither, to what degree is he disabled as to manual labour, or dexterous manipulation, in consequence of ankylosed elbow, wrist, loss of thumbs, or of the use of fingers ?

And thus of the inferior extremities ; especially how far disabled as to locomotion, by the loss of one or both limbs ?

XIV.

An important consideration, for it, as well as other pension cases, involves malingering, is the existence of mental disability. This in

most instances proceeds from injuries on the head—sometimes it is the effect of fever in hot climates.

Hernia, while it is a rare cause for discharge, may, under circumstances hereafter noticed, become so.

Health generally impaired, a constitution broken down by length, severity, or peculiarity of service, is a common cause of disability and pension. In the estimate of this are to be taken the character and habits of the man as favourable or otherwise to health.

XV.

It is a leading consideration whether the soldier is able to take care of himself, or if he requires the assistance of another person.

The degrees of disability are calculated from the extent of injury, examples of which have been given above. In France, it is said, six degrees are laid down; and in this country the estimates are usually total, three-fourths, one-half, one-fourth, as the case may be. This being stated in the certificate, the amount corresponding with the disability is fixed at the pension office.

XVI.

At stated periods the pension certificate is to be renewed in order to establish the continuance or increase of the disability. In cases of old pensioners, or where pensions are sought for services rendered long before, the surgeon has only to state the existing disability; for unless personally privy to the time and place where the injury was received, that evidence is elsewhere provided. The law requires that, when an army medical officer is within reach, he shall examine the person applying for pension.

XVII.

Not satisfied that the disability complained of by the soldier actually exists, the Surgeon has before him a *malingerer*, one who, desiring to leave the service, feigns disability in order to procure discharge.

It has been observed that this case is not so common in our mild as it is in foreign severe services; and that even in the latter it is becoming less frequent. Yet instances in the United States army are by no means uncommon. It is expected that the surgeon will be master of this point of duty, viz., the examination of disability and the distinction of feigned from real cases; professional pride stimulates to excel here; for if malingering be less frequent, it is because surgeons are more skilful in determining the case.

XVIII.

The malingerer approaches his purpose deliberately. He has those about him who further his views and advise him in emergen-

cies ; he no doubt often resorts to books to learn his art perfectly. He acts from strong motives that have been in part already alluded to ; and to these is added, in some cases, an inherent hatred of military life, which feeling, though a vice in the view of the service, may be constitutional *quo ad* the individual. From these motives he derives a perseverance that never tires, becoming obstinacy itself ; while, having the mind thus bent on his object, he acquires an adroitness that baffles, in too many instances, all the ingenuity brought to oppose it.

It is not at all improbable that what was at first *pure dissimulation* bears with such intense force on the mind as to become a *morbid condition*, especially if thwarted ; this is well worthy of the philosophic and humane consideration of the Surgeon.

XIX.

The Surgeon should meet this malingerer with a temper of mind becoming his profession, and calculated to defeat the design.

He should in the outset conceal from the man, unless the case be obvious, all feeling of distrust. He should be patient to a degree, calm under importunity, and vigilant without exciting too much suspicion on the part of the soldier. In this way he is induced, unconsciously, to display a conspicuous feature of the deceiver, that of overacting his part, particularly by contradictions, of which he is unaware, but that are convincing to the Surgeon.

Harshness alarms the young soldier to further efforts ; while it makes the veteran simulator more wily and persevering, seeing that harshness in the Surgeon indicates impatience, and impatience will finally yield to importunity. Again this harshness may be totally misapplied, in being directed to a case subsequently ascertained to be real.

XX.

The Surgeon has usually all the means to clear up his doubts. He can have the soldier brought into a hospital, and, if necessary, placed in a ward alone. The importance of intelligent and confidential hospital attendants is conspicuous here ; for a faithful and smart steward will contribute materially to detect imposture. The soldier should be long enough in hospital to give the Surgeon the most deliberate observation, but no longer for obvious reasons—and, while there, medicines of very offensive flavour and nauseating effect should be prudently but perseveringly administered.

XXI.

If aware that giving malingerers long courses of medicine encourages them to persevere, and that nothing should be administered but what is safe in real cases, the Surgeon will readily manage the man in hospital.

Certain instances justify the *proposal* of severe means in the

hearing of the patient, but the most unquestionable ground can alone sanction their use. Boerhaave, by threatening to burn the arms with hot iron, stopped the progress of a sympathetic or simulated epilepsy, that prevailed in his hospital. What is called in England the *mistura diabolica*, made of tobacco, asafœtida, and Glauber salts, is so offensive to the taste and stomach, that, perseveringly and prudently administered in very small doses, the man may, the rather than continue it, give in. These and other harmless means to act on the fears, feelings, and obstinacy of men, can be adroitly applied by the judicious officer.

XXII.

As moral means are to be relied on in the greater number of cases, the Surgeon should never lose his self-control and patience—even to imperturbability. The young soldier is not so calculating and may yield; but the *old soldier* artfully turns every circumstance to his advantage, and to the doctor's perplexity: He acutely estimates the Surgeon's dispositions, and particularly whether he has been easily led to grant certificates. He knows how much it is to his purpose to have a commanding officer desirous to get rid of him, and who may urge the Surgeon to give a certificate of disability, to dispose of a dangerous, scheming malingerer. The Surgeon should be aware of this collateral influence; and while always ready to avail himself of any suggestions from a source so imposing, he should ever be prepared to recognise importunities to get rid of a bad man, come whence they may.

XXIII.

It is a principal object with the simulator to be sent from regimental to general hospital, because he has a new sphere for imposition, and diversified aids. While, therefore, the Surgeon exercises a sound discretion as to the policy of keeping the man in hospital, he should never, while there is a shadow of doubt, send him to general hospital. He who has longest had charge of the patient is the best judge of the propriety of discharging him by certificate.

Recruits and young soldiers should be kept as much as possible out of hospital.

XXIV.

Mr. Marshall observes, that malingering is itself “one of the most disqualifying features” a soldier can display. It is a deep-rooted vice, based on discontent, or to use the mildest terms, it is a great weakness of character. It must, therefore, be looked at by the Surgeon in all its bearings.

If the certificate be perseveringly denied, the man becomes more and more obstinate and worthless, and, if prematurely granted, the example is bad. An *actual* cause of disqualification is most generally obvious; but unfortunately in the *feigned* case there seldom can

be that absolute certainty that warrants the compulsory performance of duty, or any other punishment. Marshall, who has written so ably on this subject, admits, that in the face and eyes of British discipline, and of the experience and talent of their surgeons, the malingerer deliberately bent on his purpose will sooner or later succeed. What adds to the difficulty is, that the best soldiers will sometimes simulate for a discharge; in such a case the surgeon loses the advantage that is derived from previous character.

XXV.

It is of importance to the service to detect an impostor; the example of individual detection has great force. At the same time it is due to humanity and to science that the innocent shall never by the agency of the Surgeon, suffer what is due only to the guilty. What a lesson is inculcated by cases, in the British service, of men who, being pronounced simulators of madness, were tried and flogged by sentence of court martial, and who were subsequently proved to have been at that very time, maniacs. Well may the inclination of the Surgeon and of the service be to mercy—for it were far better that the guilty escape than that the innocent should suffer.

XXVI.

What then is to be done?

Let the Surgeon approach all cases in the most liberal spirit, without the bias either of prejudice or affection. It is an indispensable pre-requisite to have a thorough knowledge of the patient's previous character. Let him examine the general health, and trace, as will be subsequently advised, real or pretended lesions. Let him call to his aid, as they may be accessible, the suggestions of other minds and of experienced authority in similar cases; let him in a proper way secure the confidence, so as to reach the secret impulses of the soldier—let him direct the vigilant scrutiny of a sensible hospital steward—along with the *probability* of simulation, let him keep in mind the *possibility* of real disease—let him not be imposed on even by the assurance of the patient that he does not wish to be discharged, as malingerers will sometimes say so for effect.

By these the Surgeon is so guarded that, if mistaken, the means used to avoid error render that error venial in the view of science, humanity, and, by consequence, of the service.

XXVII.

In the sequel it will be seen that intoxication was the means by which some malingerers were detected. They got drunk and thus exposed themselves. How far is an officer morally excusable in resorting to this means for detection? the writer will not presume to decide for others in this matter. It is a fit subject for reflection, and for the decision of each Surgeon's casuistry.

XXVIII.

The soldier sometimes desires to be discharged in the advanced stages of incurable disease. At such a time he is not the proper judge of what is best. As he is entitled to all the comforts of a military hospital, the Surgeon should not discharge him unless he is near his friends, and they be willing, with competent means, to take care of him.

XXIX.

The most conspicuous causes that disqualify soldiers permanently for military duty will now be briefly considered. Great minuteness is obviously unnecessary, for what was said under the head of inspection of recruits will apply here, and save tedious repetition.

XXX.

Mr. Marshall makes the following arrangement of disqualifying diseases.

1. Diseases of the eye—partial or total loss of vision.
2. Diseases of the ear—deafness.
3. Diseases of the organs of respiration and circulation.
4. Diseases or impaired functions of the organs of digestion.
5. Diseases and lesions of the genito-urinary organs.
6. Diseases and lesions of the skin and cellular membrane.
7. Diseases and impaired functions of the organs of locomotion.
8. Diseases and lesions of the lymphatic system, and of the constitution generally.
9. Diseases and lesions of the nervous system.
10. Moral disabilities.

XXXI.

To be minute in following this or any other system is inconsistent with the plan proposed in this condensed compilation. What justifies rejection of a recruit, will, in the far greater number of cases, equally justify discharge for disability. The following pages will therefore be occupied chiefly in considering cases of simulation.

XXXII.

If inflammation of the eye appear about the time that unwelcome orders are received or expected; if there be not the usual causes for its occurrence; if the right eye be principally or generally affected, the Surgeon may suspect simulation. The means used to excite artificial inflammation, such as tobacco, corrosive sublimate, lime, &c., may be found by recollecting how a British officer once detected corrosive sublimate in the bunks of the hospital, where ophthalmia became suddenly rife. He went into the ward at night, made the men march naked into another room, when, on examining

their clothes and bunks, corrosive sublimate was found. In two regiments three hundred men became subjects of ophthalmia, and it was thus successfully traced.

XXXIII.

Soldiers destroy each other's eyes in order to obtain pension. What is practised in a foreign service may be done in this country.

Temporary opacity is produced by pencilling the cornea with nitrate of silver.

Amaurosis is simulated by dilating the pupil with snuff sophisticated with belladonna.

On one occasion in England a number of men in a regiment induced capsular opacity by puncture with a needle. The Surgeon operated, removed the opacity, and restored every man to duty.

XXXIV.

The Surgeon has to decide when the soldier who has chronic ophthalmia should be discharged. If the case obstinately resists deliberate treatment; if local lesions, such as destruction of the functions of the conjunctiva, cornea, or iris, there can be no doubt.

The loss of one eye, while it rejects a recruit, does not justify the discharge of a soldier.

XXXV.

Deafness is easily simulated and readily persevered in. The character of the man greatly influences the Surgeon in forming an opinion. It will aid the decision to inquire if any ordinary causes of deafness, such as concussions, much loud firing, exposure to cold have existed, and if the alteration of voice, so often met with, attends.

How important ingenuity in devising methods of detection is, may be inferred from the instance of the soldier, who, feigning deafness, was put on a spoon diet in hospital, and kept on it. The Surgeon one morning reproved the attendants, in a very low tone of voice, for starving the man, and ordered beef-steak and a pint of porter. The simulator betrayed himself by an involuntary exclamation of joy.

XXXVI.

When pulmonary disease actually exists, or even incipient phthisis, they are recognised by general and constitutional signs; such as those of scrofulous diathesis, already detailed in Part I, Par. XXII. Diagnosis is facilitated if not established by the stethoscope, if the Surgeon is familiar with the use of that instrument. The thoracic conformation, pulse, expectoration, attenuation, and the effect of exertion on respiration, are to be considered.

XXXVII.

Hemoptysis cannot be successfully feigned. General appearances in the patient, the difference between blood expectorated and that mixed up of saliva and bullock's blood, is readily discovered; the intimacy of the latter mixture, and the absence of the diagnostic signs of blood in hemoptysis, betray the imposture. A malingerer will take blood from a neighbour's basin with which to practise his fraud.

Pulmonary disease and hemoptysis are generally causes for discharge.

XXXVIII.

Those who simulate disease of the heart, excite that organ by introducing garlic into the rectum, and using veratrum album. This may be detected by so secluding the man as to prevent access to the articles.

But where the heart is diseased we have the light of the stethoscope and the aid of the general symptoms. It is scarcely possible to practice deception successfully, where the Surgeon is familiar with the signs of hypertrophia, enlargement of the ventricles, &c.

XXXIX.

In the colonial service of England, visceral disease and turgescence are so common, that they are frequently simulated, but most clumsily and unsuccessfully, as constitutional signs are so manifest where the lesion exists.

Hæmatemesis is feigned by swallowing blood and ejecting it by vomiting. This disease is almost invariably symptomatic of visceral disease that has constitutional indications. A man in good health has not vomiting of blood.

Marshall observes that soldiers produce a tympanitic abdomen, and it is not known how. When a number of such cases occur suddenly and simultaneously it is suspicious. The diabolic mixture soon removes it.

Soldiers simulate disease of the stomach by frequent vomiting. Here too the general health is uninjured, while other signs of disease of an organ so essential to life and nutrition are wanting. Some persons have the faculty of producing voluntary emesis, but they do not throw away their food.

Feigned diarrhœa and dysentery are of course detected by examining the close-stool. Care must be had that another man's evacuations are not borrowed. Will not emaciation necessarily attending chronic diarrhœa and dysentery, always detect the case?

The various forms of disease named in this paragraph, together with diseased liver, the signs of which are laid down in Part I, Par. XXVI, when actual, are easily ascertained, and when chronic, and incurable by remedies, or change of climate, authorize discharge.

XL.

Acute diseases are scarcely more certainly known, so far as simulation is concerned, than chronic forms, when these last attack organs of supply, such as the stomach, liver, bowels, &c. Nutrition is cut off, and the sign common to lesions of organs of supply, emaciation, with the local phenomena peculiar to chronic disorder of these viscera, will certainly establish diagnosis. It is disease of these organs of supply that are most frequently simulated.

XLI.

Hernia, inguinal, is a disqualification when the rupture is irreducible, or cannot be retained with a truss. Double hernia is always a reason for discharge. It is a rule of practice in military surgery, not to allow a soldier with hernia to take the field. Although a recruit should never be enlisted with inguinal hernia, yet, if reducible, and the truss be efficient, a man is not to be discharged for it. He can very well do garrison duty. The observations on ventral and umbilical hernia in the first part of this work should be recollected.

Retraction of the testicle should not, as it has been, be confounded with hernia.

However small the testicles are, if they be healthy the man should neither be rejected as a recruit, nor discharged as a soldier. But enlargement of one or both testicles is always to be particularly attended to, and if from chronic irritation, or any other abnormal cause, the soldier should be discharged.

XLII.

Soldiers have attempted to impose a scrotum inflated with air designedly, as diseased. The sudden accession, and the feeling of the puffing, and especially by confining the man where he cannot reinflate it, will detect its nature.

The writer has never seen anything of this sort. Indeed these, and many other forms of malingering, are the desperate efforts of men to escape from the perpetual service of foreign enlistments.

XLIII.

Incontinence of urine is frequently made a plea for discharge.

Inquire for injuries that may have caused it; recollect that it is a rare case; that it is often simulated; that a recent case does not justify discharge, and that a cachectic habit attends the chronic form; and that an ammoniacal fœtor is present. Then by calling on the patient unexpectedly, and using the catheter, the deception is discovered by the presence of urine. When a simulator is reasonably suspected, make the man wear a urinal on duty. The effect of tying a ligature around the penis, thereby collecting the urine so as to distend the urethra, and the exhibition of a full dose

of opium to make the patient sleep so as to prevent urinating, are all means to detect the nature of the case.

Bloody urine has been simulated by injecting blood into the bladder, and by using the prickly pear.

Calculi, when simulated by showing gravel reputedly discharged, are detected by these false ones not being laminated.

XLIV.

Malingers endeavour to attain their object by exciting ulceration. They use sand rubbed on the tibia, or on old cicatrices; they perpetuate ulceration by sprinkling cantharides on an ulcer; by using nitric acid, quicklime, &c. They ought seldom to succeed by these means.

Ulcers are not frequently causes for discharge in our service, for if they did not exist before enlistment, they seldom resist treatment so as to become a disqualification.

XLV.

Œdematous limbs are induced by ligatures around the thigh. The writer recollects one case where he could not account for the œdema, for he was not then aware of this mode of imposition. The soldier was not discharged, but from his general health, and from the immediate relief given in hospital by rest and posture of the limb, it is probable some such means were used.

XLVI.

Rheumatism is the favourite form of simulation. All things are to be considered;—the age of the soldier, the severity of service, the character of the man, aid in forming a sound judgment. Then look at the local effects, for chronic rheumatism, so violent as to justify discharge, will show itself in the general health, in the enlargement of the joints, and in the attenuated muscles; as these are the legitimate effects of long standing disease. Very conclusive evidence should alone discharge a young man for rheumatism. An impostor complains at all times, while the real rheumatic is conspicuously influenced by the weather, if damp or cloudy. By coming unexpectedly on the rheumatic malingerer, you will find him using his limbs freely.

Dr. Davies, suspecting a rheumatic man, went, says Mr. Marshall, to his window at night, tapped suddenly at it, when the man, who could not move in the day, sprang up actively from bed and ran to the window.

Soldiers, suspected of feigning rheumatism, have been made to take a brisk purge, and, being watched, were seen to jump up and run to the close-stool, when just before they could not walk.

The constant irritation of the fibrous tissues, or neuralgic pain, will have their influence on the aspect of general health.

XLVII.

How far do fractures justify discharge?

In reason and from what occurs in civil life, it may be decided that men recover as well from osseous as from lesions of other tissues. If there be no superabundant callus, nor displacement, nor stiff joint, nor attenuated muscles, there is no disqualifying disability. The game is, however, in the hands of the malingerer, for a soldier, desirous of discharge, sees the advantage a fracture gives him; and, if determined not to be able to walk, he cannot be controlled. The case taxes the Surgeon's ingenuity and patience.

XLVIII.

Contractions of the joints are judged of by looking at the general health, at any external causes that may have produced them, and the character of the man is considered. Simulators have been detected by their joints becoming flexible when they became intoxicated.

A man complained of immobility of the right arm. He was seen passing with a bottle of arrack under the left arm; an attempt was made to snatch the liquor, and anxiety to preserve it gave instant mobility to the hitherto useless member—for he was an impostor.

A man with crooked back was placed in a cask of warm water, and water was gradually added so as, ostensibly, to give him the option to drown or to straiten his back. The latter being preferred and the man placing himself erect in the cask, he was restored to the ranks as an impostor.

Besides these, Mr. Marshall gives a ludicrous case of the soldier, who stooped so from contraction of the limbs that the lower extremities were bent at right angles with the body. When placed on his back he maintained this assumed contraction, as long as he was kept in that position; but being reversed he could not remain long on his face, hands and feet, and soon came flat down on his belly—being an impostor.

Here the suggestion again arises, if it would not be proper to try the effect of a full dose of intoxicating drinks?

XLIX.

Sense of danger will overcome cases otherwise most hopelessly obstinate, and this, when used with firmness, yet with due precaution, has worked wonders. As in the case related by Hennen, and subsequently by Marshall, of the man who, the rather than drown, swam to a boat, using vigorously an arm that he declared was powerless; and on account of which disability he was about to be discharged.

The application of the tourniquet has relaxed muscles which were by that proved to be feigned cases.

L.

Mutilations are commonly practised. They are most frequently

done on the hands and feet, for obvious reasons. It is said that in foreign services they are generally perpetrated when the soldier is on furlough, and at the instigation of his friends. Mutilators will say that they received these injuries at other hands; but the skin, blackened with powder, will show that they themselves, in all probability, discharged the piece, if a gunshot wound.

LI.

Lameness is successfully practiced by malingerers. If a bad man becomes suddenly lame, without any obvious cause, either constitutionally or from external violence, and without any apparent affection of the muscles of the limb, or without actual shortening of the member, the case may be fairly suspected. The length of the limb can readily be ascertained by placing the man on his back and measuring them. Lameness is so easily feigned, and the negative proved with so much difficulty, that an obstinate simulator will succeed in procuring discharge. It ought, in all cases, where there is slight extenuation of the limb, to be well recollected that this state is, according to Marshall, produced by bandaging.

LII.

Paralysis when actual is a disqualification, but, like rheumatism, is often simulated. The treatment is a work of time, and admits of several severe external applications, which may induce the man to give in. Malingerers are, however, remarkably firm in enduring suffering from remedial measures.

It should be observed that paralysis among soldiers is generally induced by intemperance, and is preceded by apoplectic attacks.

Marshall makes the very important remark, "that a mistake is frequently made by simulators of palsy; they are not commonly aware that paralytic limbs are very pliant, and malingerers offer some resistance in the limb when any attempt is made to bend them. A healthy arm trembles when a heavy weight is attached to it; a circumstance that does not take place in a paralytic limb."

All general considerations are to be carefully referred to in estimating the probability of simulation.

LIII.

Epilepsy when feigned, and such is frequently the case, differs from real epilepsy in the following particulars:

In the simulated the convulsions are partial and successive, not simultaneous and universal: the hands when opened by an attendant are closed again; the nails are not livid as in the real epilepsy; the iris has mobility; the eyes may be seen to watch the success of the imposture; the face is not distorted, nor can this distortion be readily simulated at will; the tongue is not bitten; nor is there

a total abolition of sense; the impostor selects his opportunities to have the fit, as in the case of the patient, who, when told by the adroit doctor that he had not time to wait till the patient's usual hour for a paroxysm, kindly had the fit an hour sooner.

The stage of convulsions may be tolerably well simulated, but that of subsidence cannot be; this last is singularly marked by sleep and gradual recovery in the real case, while the malingerer abruptly brings his fit to a close and without sleep. In the impostor snuff will induce sneezing, and common salt stuffed into the mouth will be at once ejected by spitting—these show that sensibility is not suspended as in the genuine epilepsy. Dr. Hennen says the real epileptic conceals his disease, while the simulator talks about his. If all these be recollected, the case being duly tested, the impostor may be detected.

A man feigned epilepsy; a physician gave him eight drops of croton oil—in a few minutes “he started on his feet and ran to the water closet.” The oil was dropped between the teeth during the paroxysm.

LIV.

As to the entire abolition of sense in epilepsy, the writer met with two cases, a brief detail of which may be somewhat in point.

A man given to hard drinking had an epileptic paroxysm in the street—the attack was complete. He was closely questioned, and gave the most satisfactory evidence that, during the depth of the convulsion, he knew what was passing. The man was well known to the writer. He was not a soldier, nor was there the least motive for deception in the case.

Again—a young man, perfectly temperate and respectable, was seized with occasional convulsions, which, after repeated attacks, were pronounced epileptic. The writer was called in consultation, and observed most carefully the attacks. In one of them he had traced the patient's sensibility as far as possible into the convulsion by various methods, and was much surprised to hear him say that sensibility continued long after those around supposed it had ceased. The patient repeated, after emerging from the fit, what was said by the by-standers at a time when there was to all appearance completely obtunded sensibility. The young man died some time after, and on dissection an abscess was found near the basis of the brain.

LV.

Mania and mental imbecility are positive disqualifications. They are easily feigned as Shakspeare shows us; and they are frequently simulated as soldiers prove.

The mention of the disease excites peculiar interest. The horrible truth that, in the British service, *real* maniacs have received severe lashing under sentence of court martial; and the belief that *simulated* mania may be detected by patient and intelligent obser-

vation, demand the Surgeon's most serious consideration. The error in our service will assuredly be on the side of security from mistake; for every feeling in the service, as in the community, revolts from punishment where evidence of guilt amounting to demonstration is not apparent.

It is not possible in the view of this work to consider the distinctive features of real and feigned madness—perhaps it could not very satisfactorily be done. Each case has its peculiarities, and must rest on them, and on the sound judgment and tact of the Surgeon. What motives for us to be armed at all points that justice may be done to our important and complicated duties! In the character of the army surgeons there is every guarantee that the expectations of the service will not be disappointed.

Collateral evidence can often be obtained. Have other cases occurred in the soldier's family? Is he intemperate, and to what extent? Information should be prudently sought from those who have known him for a long time—these, and the existence of exciting causes generally should be attentively investigated. Anything but harsh or hasty decision in such a case.

LVI.

The writer has frequently seen imbecility of mind among soldiers, and hopes that in recommending their discharge he has not been duped. In one regiment four cases were discharged in a few months—they were palpable. It was matter of surprise that they were ever enlisted.

Soon after the discharge of one of these *imbeciles*, the hospital steward reported two cases affected as the discharged man was. These men were told that, if they reported themselves at sick call for imbecility of mind, the commanding officer would be requested to have them tied up in the coldest weather to a post, from morning till night, till they recovered. Nothing more was heard of them—they were impostors.

LVII.

In maniacs and those with imbecility of mind, it is proper to know that anormal states of the pulse, skin, or other functions, do not necessarily attend. This obtains in other cases—and while these general indications, when present, will always be regarded, their absence does not necessarily preclude the existence of disqualifying disease.

A P P E N D I X.

NOTE A.

Form of an account for medicines purchased for a recruiting party by a surgeon :—

The United States

to A B Dr.

1840,
July 4,

To Acet. Plumb. ℥i. a 50 . . . 0.50
,, Sulph. Quin. ℥i. a 100 . . . 1.00
&c., &c.

I certify that the articles above charged for the use of the sick of the recruiting party at were absolutely necessary, and that the charges are reasonable and just.

C D, Surgeon.

Received, July 4th, 1840, of
cents in full of the above account.

dollars and

A B.

NOTE B.

Form of Monthly Report of Recruits examined by E F at G
for the month ending 31st day of July, 1840.

Date. 1840.	Name.	Where Born.		Age.	Profes.	By whom enlisted.	Remarks.
		Town or County.	State or Kingd'm				
July 1	A B	Derby	Mass.	22	Lab'r	Capt. C.	Vaccination good.
4	D E	Dublin	Ireland	30	Tailor	„ „	Rejected for bad tho- racic conformation.

(Signed)

H I, Surgeon.

In the British service the vaccination, or the variolous security, are particularly noted.

NOTE C.

Certificate of Disability for Service.

I hereby certify, That A B, a _____ of
 company [] _____ Regiment of United
 States _____ is incapable of performing
 the duties of a soldier, and therefore, in the opinion of the undersigned,
 the interest of the service requires that he should be discharged from the
 Army, for the following reason [Here give a particular description of
 the injury or disease, stating the time, place, and the manner of its occur-
 rence].

Given at _____ this day of _____ 1840.

(Signed)

NOTE D.

Certificate for Pension.

It is hereby certified, That it appears, that on the day of _____
 in the year _____ at or near a place called _____
 _____ in the _____ of _____ A B, a
 _____ in the company of _____ in the _____
 regiment of the United States _____ while
 actually in the service aforesaid and in the line of his duty [Here give
 a particular description of the wound or injury received, or disease con-
 tracted, and state the immediate cause of disability], and is therefore, in
 the opinion of the undersigned, _____ disabled
 from obtaining his subsistence.

(Signed)

N.B. The last blank is to be filled with the degree of disability, as
 one-half, two-thirds, &c.

This and the preceding form for disability are usually printed, and in
 the hands of the captain of the company.

THE END.